2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am Secretary of State P00000047913 DOCUMENT # 1. Entity Name UPPER EAST SIDE REALTY, INC. 04-17-2002 90003 025 ***150.00 Principal Place of Business Mailing Address 829 NE 79 STREET 829 NE 79 STREET MIAMI FL 33138 **MIAMI FL 33138** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1014437 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ind-Pleben KENDLE, RICHARD D ESQ **829 NE 79 STREET MIAMI FL 33138** City Sam 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE Change Carolyn S. Kendle 829 WE 79 ST MIAM: FL 33138 KENDLE, RICHARD D NAME NAME 829 N.E. 79 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP Change ☐ Addition TITLE TITLE NAME SACKIE, J. LYLE NAME 829 N.E. 79 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33138** Addition Change TITLE TITLE Delete Delete NAME NAME alvarez, jorge a jr. 829 N.E. 79 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 ☐ Delete TITLE ☐ Change ☐ Addition TITLE PLEBAN, RICHARD E NAME NAME STREET ADDRESS STREET ADDRESS 829 NE 79 STREET MIAMI FL 33138 CITY-ST-ZIP CITY-ST-ZIP Rebeccon Israel Rebeccon Israel 929 NE 79 ST MI ani Fr 35/38 Change Addition **VPD** Delete TITLE TITLE SEDA, ERNESTO NAME NAME STREET ADDRESS 829 NE 79 STREET STREET ADDRESS **MIAMI FL 33138** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: MELINI SAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if